

Civil Action No. 5:18-cv-01237

1 CAUSE NO. 2018-CI-21080  
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FILED

NOV 30 2018

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY \_\_\_\_\_  
DEPUTY

4 ANGEL SUAREZ }  
5 Plaintiff(s) }  
6 vs. }  
7 IHEARTMEDIA + ENTERTAINMENT, INC }  
8 Defendant(s) }

RESPONSE TO DEFENDANT'S ORIGINAL  
ANSWER

10  
11 Defendant requested strict proof of allegations. Proof will be provided on the day of  
12 the final hearing in form of Videos, Recordings, letters, and other media to both the  
defendant and the Judge.

13 Dated:

14 \_\_\_\_\_  
15 ANGEL SUAREZ  
EASTAR  
1410 GUADALUPE STREET SUITE 114  
16 SAN ANTONIO, TX 78207  
210-986-4833  
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RESPONSE TO DEFENDANT'S ORIGINAL ANSWER

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing document was served in compliance with Rule 21 and 21a of the Texas Rules of Civil Procedure on November 28, 2018, on the following party:

**ESPEY & ASSOCIATES, PC**

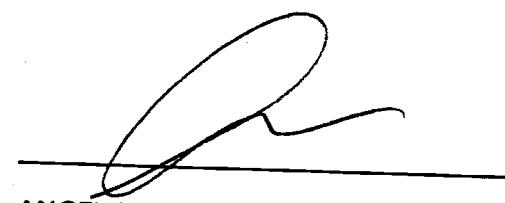
**12400 San Pedro Avenue, Suite 200 San Antonio, Texas 78216 Telephone: (210) 404-0333**

**IHEARTMEDIA + ENTERTAINMENT, INC**

**20880 STONE OAK PKWY, SAN ANTONIO, TX 78258**

**AND SECONDARY ADDRESS**

**32 AVENUE OF THE AMERICAS, NEW YORK, NY 10013**



**ANGEL SUAREZ**

**EASTAR**

**1410 GUADALUPE STREET SUITE 114**

**SAN ANTONIO, TX 78207**

**210-986-4833**

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**Cause Number: 2018-CI-21080Plaintiff: Angel Suarez

(Print first and last name of the person filing the lawsuit.)

In the

(check one):

 District Court County Court / County Court at Law Justice CourtCourt  
Number

County

And

Defendant: Hearthdig + Entertainment, Inc.

(Print first and last name of the person being sued.)

Bexar Texas**Statement of Inability to Afford Payment of  
Court Costs or an Appeal Bond****1. Your Information**

My full legal name is:

Angel Suarez

First

Middle

Last

My date of birth is: 5/10/81

Month/Day/Year

My address is: (Home)

2910 Pat Drucker rd 66(Mailing) Dallas/Ft. Worth, TX 76148My phone number: 209364833 My email: Angel.suarez220@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name

	Age	Relationship to Me
1. Linda Munoz	36	Wife
2. Archangel Suarez	16	Son
3. Ana Suarez	14	Daughter
4. Carter Ahmed	56	Mother
5. Patricia Munoz	62	Father in law
6.		

**2. Are you represented by Legal Aid?**

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

**3. Do you receive public benefits?**

I do not receive needs-based public benefits. - or -

I receive these public benefits/government entitlements that are based on indigency:  
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

Food stamps/SNAP       TANF       Medicaid       CHIP       SSI       WIC       AABD  
 Public Housing or Section 8 Housing       Low-Income Energy Assistance       Emergency Assistance  
 Telephone Lifeline       Community Care via DADS       LIS in Medicare ("Extra Help")  
 Needs-based VA Pension       Child Care Assistance under Child Care and Development Block Grant  
 County Assistance, County Health Care, or General Assistance (GA)  
 Other:

**4. What is your monthly income and income sources?**

I get this monthly income:

\$ 0 in monthly wages. I work as a \_\_\_\_\_ for \_\_\_\_\_  
 Your job title \_\_\_\_\_ Your employer \_\_\_\_\_  
 \$ 0 in monthly unemployment. I have been unemployed since (date) \_\_\_\_\_  
 \$ \_\_\_\_\_ in public benefits per month.  
 \$ \_\_\_\_\_ from other people in my household each month: (List only if other members contribute to your  
 household income.)  
 \$ \_\_\_\_\_ from:  Retirement/Pension  Tips, bonuses  Disability  Worker's Comp  
 Social Security  Military Housing  Dividends, interest, royalties  
 Child/spousal support  
 My spouse's income or income from another member of my household (if available)  
 \$ \_\_\_\_\_ from other jobs/sources of income. (Describe) \_\_\_\_\_  
 \$ \_\_\_\_\_ is my total monthly income.

**5. What is the value of your property?**

"My property includes: Value\*

Cash	\$ _____
Bank accounts, other financial assets	\$ _____
	\$ _____
	\$ _____
Vehicles (cars, boats) (make and year)	\$ _____
	\$ _____
	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	\$ _____
	\$ _____
	\$ _____

Total value of property → \$ \_\_\_\_\_

**6. What are your monthly expenses?**

"My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ <u>600</u>
Food and household supplies	\$ <u>300</u>
Utilities and telephone	\$ <u>300</u>
Clothing and laundry	\$ <u>100</u>
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ <u>300</u>
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: (List)	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total Monthly Expenses → \$ 1600

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

**7. Are there debts or other facts explaining your financial situation?**

"My debts include: (List debt and amount owed)

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.

**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

I cannot afford to pay court costs.  
 I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is Isaac Munro My date of birth is: 5/10/81  
 My address is 2910 Pat Booker Rd 66, Universal City, TX 78148  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Signature 

signed on 11/20/18 in Box 8 County, TX State TX

## Claim and Payment Status

Claimant Information	
Name:	ANGEL SUAREZ MORENO
Social Security Number (SSN):	XXX-XX-3609

[Printer-friendly Summary](#)

### Waiting Week

TWC cannot pay you for the first week of your claim, also known as the waiting week, until you return to full-time work or exhaust your benefits. If you return to full-time work before exhausting your benefits, you must inform TWC in order to receive payment for that first week. To report that you returned to full-time work, select Request Your Waiting Week from the Quick Links.

### Claim Information

Claim Type:	Regular Unemployment Benefits
Claim Start Date:	Jun 03, 2018
Weekly Benefit Amount:	\$256.00
Maximum Possible Benefits:	\$5,063.00
Benefits Paid to Date:	\$1,792.00
Benefits Remaining:	\$3,271.00
Next Date to Request Payment:	During the week beginning Aug 12, 2018.

### Most Recent Payment

TWC Processed Date:	Jul 30, 2018
Amount Deposited:	\$512.00
For Week(s):	Jul 22, 2018 to Jul 28, 2018 Jul 15, 2018 to Jul 21, 2018

### Payment Summary

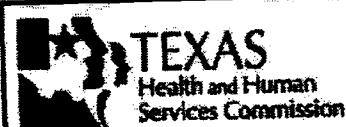
[Printer-friendly Summary](#)[View Payment Details by Week](#)

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Week(s)	TWC Processed Date	Deduction(s)	Payment
Jul 22, 2018 to Jul 28, 2018	Jul 30, 2018	\$0.00	\$256.00
Jul 15, 2018 to Jul 21, 2018	Jul 30, 2018	\$0.00	\$256.00
Jul 08, 2018 to Jul 14, 2018	Jul 16, 2018	\$0.00	\$256.00
Jul 01, 2018 to Jul 07, 2018	Jul 16, 2018	\$0.00	\$256.00
Jun 24, 2018 to Jun 30, 2018	Jul 02, 2018	\$0.00	\$256.00
Jun 17, 2018 to Jun 23, 2018	Jul 02, 2018	\$0.00	\$256.00
Jun 10, 2018 to Jun 16, 2018	Jun 29, 2018	\$0.00	\$256.00
Jun 03, 2018 to Jun 09, 2018	Jun 18, 2018	\$0.00	\$0.00

[View Payment Details by Week](#)

TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
P O BOX 149029  
AUSTIN, TEXAS 78714-9029



Date: 06/28/2018  
Case Number: 1027590224

#### Need help?

Call 2-1-1 or 1-877-541-7905

If you have a hearing or speech disability,  
call 7-1-1 or any relay service.

All numbers are free to call.

MR. ANGEL L SUAREZ  
TRLR 66  
2910 PAT BOOKER RD  
UNIVERSAL CITY TX 78148-2742

## Notice about your case:

### SNAP Food Benefits

EDG number: 643510349

#### Who gets SNAP Food Benefits

Name	Date	Monthly Amount
Linda Munoz; Ana Juliette Suarez-munoz; Archangel Patrick Suarez-munoz; Angel L Suarez	07/01/2018 - 11/30/2018	\$ 640.00
Ana Juliette Suarez-munoz; Archangel Patrick Suarez-munoz; Angel L Suarez; Linda Munoz	06/26/2018 - 06/30/2018	\$ 106.00

### Health Care Benefits

#### Who gets health care benefits

Name	EDG number	Program	Date
Archangel Patrick Suarez-munoz	643861781	Children's Medicaid	08/01/2018 - 02/28/2019
Ana Juliette Suarez-munoz	643861782	Children's Medicaid	08/01/2018 - 02/28/2019
Angel L Suarez	643510347	Medicaid	06/01/2018 - 05/31/2019